# Minutes Health Care Access and Reimbursement Task Force

April 29th 2008

University of Maryland Baltimore County Technology Center

1:00 pm – 3:30 pm

Task Force Members Present: Secretary John Colmers (Chair), The Honorable Robert Costa, The Honorable Rob Garagiola, JB Howard, The Honorable Thomas "Mac" Middleton, The Honorable Joseline Pena-Melnyk, Kimberly Robinson (for Ralph Tyler), Dr. George Bone, Dr. Joseph Fastow, Dr. Fannie Gaston-Johansson, Dr. Ivan Walks, David Wolf. Absent: T. Eloise Foster

Staff present: Rex Cowdry, Ben Steffen, Lydia Isaac, Linda Bartnyska, Anne Hubbard

Secretary John Colmers, Chair, called to order meeting at 1:15 p.m. The Task Force approved the February meeting minutes as written.

Overview of Areas of Agreement on Work Force Issues

Secretary Colmers lead a discussion on coming to consensus on the issue of physician supply shortages in certain areas and in some specialty areas. He stated that he believed that there was considerable consensus irregardless of the actual estimates that there are primary care shortages in rural areas "at the wings of the state" and that there were some medical specialty shortages in these areas and some areas closer to metropolitan areas. In reaching a general agreement on this issue he hopes that the task force could focus on what role the state can take on improving physician reimbursement and supply. He wants the task force to come up with practical policy solutions focused on three major areas: (1) Supply, (2) Infrastructure, and (3) Reimbursement.

This spurred some discussion within the Task force of other topics that may be pertinent. David Wolf asked if tort reform, as it has reduced malpractice costs in OB and Emergency care, is too big of an issue to discuss in this Task force. Secretary Colmers mentioned that there are several issues within tort reform which we do not have the ability to address but that does not preclude the Task Force from discussing it, he also wanted to reiterate the need to focus on practical solutions. Several of the legislators in attendance commented that tort reform had been debated at length in the past and that they believe that not much more (especially on the Senate side) could be done on the issue though there may be some hope of some traction of the issue in the House. Several other members suggested that the topic be discussed here as a means of giving information and also putting on the record as an important discussion that should occur somewhere and maybe the task force can decide the best venue for that discussion.

Dr. Gaston-Johansson suggested looking at other health professionals which Secretary Colmers indicated is being considered intensively around the state. Senator Garagiola suggested a discussion about certain types of physicians in an all payer system which may deal with some of the problems. Sec. Colmers concurred and pointed out that the topic will be discussed in a future meeting. Dr. Walks also suggested that the task force

remain cognizant of health disparities and that increasing access does not always increase utilization. Senator Middleton wanted to note that some of these issues especially tort reform are not in the statute establishing the task force and so it may not be wise to under take a large scale study of these issues.

**Board of Physician and MHCC's Physician Survey.**

Linda Bartnyska presented information about revising the Board of Physicians Renewal survey in order to get more accurate data on what the physicians needs are in the state. HRSA has given some input on what should be added etc... Some of the changes will help reduce the question burden on the respondent by eliminating vague questions. Some of the information to be gleaned from the new questions include use of Health Information Technology by geographic localities and practice patterns. The commission will also add the local health departments, this will be especially helpful in rural counties where a large amount of the specialty care occurs. Currently, almost 13% of all survey are done by paper, the Board of Physicians is expected to move all surveys to an electronic version in order better facilitate data collection, analysis and make the survey more efficient for the respondents through the use of skip patterns etc.

There was discussion regarding how many physicians there are in Maryland and Ms Bartnyska replied that in 2005/2006 (latest data available) we have between 24,00 and 25,000 physicians. Del. Pena-Melnyk wanted to know is there a way that the Board could track physicians who do not renew their licenses and if there there was a way of following up with them, to better understand why physicians are leaving and why a shortage exists. Due to response rate it is very hard to get answers as to why physicians do not renew their licenses, especially if they have left the state. Dr. Walks indicated it would be beneficial to see the trends of physicians not renewing and at the very least identify who is not renewing by specialty, demographics etc. Sen Garigiola asked questions about being able to extrapolate from the data new applicants and see how many physicians are coming into the State.

Currently there is a 1 year lag time between when the data is collected and when the data is available for analysis due to data input time on the paper surveys but once the full electronic system is in place in 2009 the lag will be a few months. Senator Garagiola also asked what other states are doing and if HRSA could do comparisons across states so that we can see how neighboring states are doing at attracting and keeping physicians. That is currently not available outside of the AAMC data set but since we are working with HRSA the Secretary plans to suggest that we advise them to consider establishing surveys with comparable questions to be distributed to other states. There was also a suggestion to look at physicians who do not have privileges but practice in Maryland. Dr. Wasserman suggested that now every doctor should have unique ID so it may be easier to track physicians. Dr. Walks suggested that if data trends says that we are not having a large outflow of doctors maybe we need to address the deployment of the doctors we do have.

**Loan Repayment Program**

Dr. Russell Moy, Jeanette Jenkins and Rebecca Love presented information about the Loan Repayment Assistance Program (LARP) which is a federal program with state matching funds. It is a competitive grant Maryland is fortunate to receive. Because Maryland is not considered a needy state, we don't get as much funding as other states do. For FY 2007 MD got $250,000 and in FY 2006 MD received $127,338. Awards made to participating physicians annually and amount to between $25,000-$30,000 a year for each year that the physicians participates. In FY 07, Maryland made nine awards. The program is linked to Health professional Shortage Areas (HPSAs). HPSA designation occurs every four years, and MD has basically exhausted most of its HPSA designations. Maryland is at a disadvantage in these federal program because the state is wealthy and it does not compete successfully based on need.

Task Force discussion regarding the LARP program centered around ways similar programs could work in the state. Sen. Middleton suggested a grow your own doctor program in which local students are guaranteed a spot in state medical schools if agree to come back to practice in their hometowns. There is the indication that the University of Maryland and Johns Hopkins would be favorable to such an idea. David Wolf pointed out that with the federal money going to only 250 doctors nationwide, the benefits from the existing LARP program are very limited, even if the state received more federal funding. Dr. Walks put forward that as counties get more wealth and doctors set up practices, it does not increase access. So we are less competitive for federal dollars but we still have a large problem. Pegeen Townsend wanted to know if the surcharge on the Board of Physicians licensure fee could be redirected to the LARP program but was told it is already being redirected to something else. A question was asked of how many people apply for the LARP, those numbers are not tracked.

<u>Recommendations</u>

Secretary Colmers discussed the recommendations listed in his agenda:

1. Improve collection of data on physician supply using MBP/MHCC survey
    a. The first one is a easy practical fix and as we heard earlier will enrich our discussion of physician supply.
2. Expand the loan forgiveness program and administer as part of the LARP program at DHMH
    a. The second recommendation on expanding LARP will take some discussion because we do not have much state funds to expand the program and as it stands it is too small to make a large impact. Colmers believe that we should pay for all medical students and them direct into what we need them to do but this is not feasible in current system. The Secretary thinks we should look at a state funded LARP which is targeted and the task force should consider responsibly and pragmatically expanding LARP because it is a valuable programs for areas in the state

where access is limited and especially where there are no residency programs.

3. Permit rural and urban hospitals in areas with poor supply/access to repay medical education loans, if residents practice in supply deficit areas. Finance the loan forgiveness program through adjustments to hospital rates.

Sec. Colmers pointed out that these are not the final recommendations but a starting point for the final recommendations. Other recommendations were discussed including a a recommendation to look at ways of replicating programs such as the Nursing Support program I and II (NSP I & II) in which hospitals compete for monies ton increase primary care physicians. These programs make more of a case for hospital based physicians. Stuart Gutterman likes idea of a public/private partnership and thinks should look to foundations to fund these type of programs. Sen Middleton talked about how at local level there is a lot talk about economic vitality how about adding quality of life and physicians to that discussion. Senator Garagiola suggested that maybe even having a local match to LARP to keel physicians in local areas. Dr. Rex Cowdry suggested that the physicians that are participating in these programs are at their most vulnerable and that lends to a sustainability issues especially if we are not getting Medicaid reimbursement up to the level of Medicare so recruit these physicians to these areas but cannot keep them. You would expect more money where there is a shortage but in this case it is the opposite.

The idea of a local commitment is promising as it allows more flexibility and can't rely only on the state and engaging the private sector in periods of limited funding a plus. Dr. Fastow brought of the issue of the credentialing process, including its costs and the time it takes. He suggests looking at the money being wasted in that process as a means for finding funds and that the task force should investigate if there are other ways of doing credentialing. Mr. Steffen point out that staff is working on the issue and will present at future meeting. Kim Robinson MIA points that insurers can't move too far away from the national credentialing in order for them to be able to keep their share in group market. Dr. Wasserman pointed out that Hopkins has said that they are thinking of expanding their geriatric residency to four years and take some of the residents out to rural areas. Secretary Colmers said he will contact the State's two medical schools to talk to them about supply issue. Dr. Walks talked about issue of monies and quality of life for physicians, credentialing and retroactive payments. Dr. Fastow points out that the Task Force can make some suggestion for use by local jurisdictions. There is a bill that was passed and will be signed soon that will deal with retroactive payments issue. There was a suggestion to take a percentage if the HMO tax toward LARP. Suggestion to look at opportunity of telemedicine and look at criteria for state funding such as serving the uninsured.

<u>Work Plan</u>

Ben Steffen discussed the work plan for the Task Force for the upcoming months, including the additional duties assigned during the 2008 legislative session (see work plan). For the May meeting there will be a discussion of how non participating physicians

are reimbursed. Minnesota abolished network participation in Hospital based rate setting system, we will look to see how that program is going. June meeting look at the new duties of the task force including after hours care, advanced medical home. July meeting look at organizational issues that could enhance access to primary care such as consolidation of small practices in order to negotiate with large carriers. Members suggested other ideas to be looked at such as credentialing, telemedicine and ERISA issues. The Task Force will not meet in August and the future meetings will be used to draft and adopt the final report.

Dr. Bone wondered if we had let go of the idea of small subgroups to focus on specific areas. JB Howard mentioned that ERISA could be one of those groups where he has analysis and information on the subject. Delegate Costa thought that the subgroups could help to identify and learn about the specific points of the issue. Secretary Colmers said that he wasn't against small group and would encourage them but giving everyone's time constraint it did not seem as if they are always feasible but will consider the idea on a case by case basis. Also to address information issue all of the future meeting will go like this meeting in which information was presented and the task force discussed the issue at hand and then will come up with recommendations. Sen Middleton also said would like the recommendations from this task force to synchronize with that of the task force on rural health care shortages.

Members in the audience expressed interest in having the task force look at the uncompensated care fund for physician reimbursement and what balance billing means in terms of reimbursement. Dr. Cowdry pointed out that the Minnesota program had the advantage that had built in provision for uncompensated care. Pegeen Townsend suggested that the task force coordinate with the Quality Council and that the recommendations from the task force could weave into the Council and its charge for chronic care management. Dr. Walks suggested a report from MHCC about health IT and tie that to the recommendations also.

Adjournment 3:40pm